

## ARTICLE 6

### SECTION 5

#### JUVENILES IN PUBLIC INSTITUTIONS

1. In determining the Medi-Cal eligibility of a juvenile (under the age of 18) in a facility, staff must consider both the disposition status of the juvenile and the type of facility he/she is in.

**Note:** A juvenile is not eligible if he/she is in a public institution for a criminal offense.

##### A. Disposition

In a juvenile case, disposition is the decision made by the court for the juvenile's welfare. A disposition order is the court decision if the minor will be placed in foster care, sentenced, placed on probation, or released either temporarily or permanently. When the juvenile is determined a "Ward of the Court" and is awaiting foster care placement and not awaiting sentencing for a criminal violation of law, the juvenile is eligible for Medi-Cal. (See MPG Article 5, Section 12 for information on Foster Care.)

##### B. Before Disposition

A juvenile who is in a detention center due to criminal activity is a resident of a public institution and is not eligible for Medi-Cal.

A juvenile who is in a detention center due to care, protection, or in the best interest of the child is not an "inmate of a public institution" if there is a specific plan for him/her that makes the stay temporary (one to two months). He/she is eligible to Medi-Cal.

##### C. After Disposition

Juveniles on intensive probation with a plan of release, which includes residence in a detention center, are not eligible for Medi-Cal benefits until released.

If the juvenile is placed, or awaiting placement, on intensive probation in a residential facility, he/she is eligible for Medi-Cal benefits if the facility is not part of the criminal justice system.

##### D. Facility

Publicly operated community residences that serve no more than 16 residents are not considered institutions, and juveniles in these facilities are entitled to Medi-Cal if otherwise eligible. These facilities may be psychiatric nursing facilities licensed by the Department of Mental Health or other community care facility.

##### Example

A juvenile is detained for criminal activity. He/she is placed on probation with specific conditions of release, including a stay of 30 days or longer at a detention facility. The

facility is identified as a juvenile detention center, not a treatment center. Upon release from this detention center, he/she would be placed on probation with his/her mother. Because of the nature of his/her custody and the nature of the facility as a detention center (public institution), he/she is not eligible for Medi-Cal benefits. The juvenile is living in a public institution and is not eligible for Medi-Cal benefits during the period of incarceration. After release from the detention center and while on probation, the juvenile may be eligible for Medi-Cal benefits.



## County of San Diego

**Mack Jenkins**  
CHIEF PROBATION OFFICER  
(858) 514-3148  
FAX: (858) 514-3121

DEPARTMENT OF PROBATION  
POST OFFICE BOX 23597, SAN DIEGO, CALIFORNIA, 92193-3597

Parent/Guardian Name  
Address  
Youth's Name  
Date

This letter is to inform you that information regarding your son/daughter will be provided to the county welfare department. This information will help determine eligibility for Medi-Cal upon your child's release. This information is required for any juvenile committed to a county juvenile hall, camp or ranch for 30 days or longer by a juvenile court in accordance with Senate Bill (SB) 1469 effective January 1, 2008.

SB 1469 ensures that the Medi-Cal application process is initiated before your child's release from custody so that Medi-Cal eligibility can be established immediately upon his/her release. The County may need to contact you to request further information to complete an application.

If you do not want an application to be submitted on behalf of your child please contact the Institution Medi-Cal liaison at (858) 694-4500 within 30 days from the date of this letter.

Thank You,

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Yvette D. Klepin  
Superintendent Kearny Mesa Juvenile Detention Facility

**Juvenile Pre-Release Medi-Cal Application Process Transmittal Form****Department of Probation Communication Section**DATE: \_\_\_\_\_ ☐ INITIAL REFERRAL ☐ UPDATE REFERRAL

1. NAME OF WARD: \_\_\_\_\_

2. DETENTION FACILITY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. RELEASE DATE: \_\_\_\_\_ 4. PROBATION IDENTIFICATION NUMBER: \_\_\_\_\_

5. MEDICAL STATUS PRE-INCARCERATION:

MEDICAL ELIGIBILITY

☐ NO ☐ YES

OTHER HEALTH COVERAGE

☐ NO ☐ YES

DISABILITY

☐ NO ☐ YES

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 7. DATE OF BIRTH: \_\_\_\_\_

8. RESIDENCE ADDRESS UPON RELEASE (include county):  
\_\_\_\_\_  
\_\_\_\_\_

9. PARENT OR GUARDIAN CONTACT INFORMATION:

(Name, address, and phone number)

FATHER/GUARDIAN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_MOTHER/GUARDIAN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. REFERRING PARTY (facility contact):

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

PHONE/ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

11. PROBATION OFFICER CONTACT INFORMATION

NAME: \_\_\_\_\_

MAILSTOP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**HHSA Communication Section**

1. FRC ASSIGNMENT (PAI USE ONLY) \_\_\_\_\_

2. OUTCOME OF THE ELIGIBILITY DETERMINATION: ☐ DENIED ☐ GRANTED EFF \_\_\_\_\_3. PENDING MORE INFORMATION FROM THE FAMILY: ☐ NO ☐ YES (IF YES, LIST) \_\_\_\_\_4. MEDI-CAL DETERMINATION CAN/ WILL BE MADE PRIOR TO RELEASE: ☐ NO ☐ YES

Please forward to mail stop – H2, Attn: Pre-Release Application Coordinator